

**Governor's Disability Advisory Council
Minutes
December 18 & 19, 2006
Hampton Inn
Helena, Montana**

Attendees: Connie Bremner, Bryher Herak, Julia Hammerquist, Mike Mayer, Susie McIntyre, Joan Miles, William Neisess, and Brian Roat,

Absent: Dustin Hankinson, Marie Pierce, Belden Billy, Patti Scruggs

Staff: Marlene Disburg, Cary Lund, Serenity Osborn

Guest: Deb Matteucci, Jeff Sturm, Lou Thompson

Welcome

Started at 10:06 introductions were made and Council was welcomed.

Approval of Minutes

MC INTYRE/NEISESS - Motion passed with no opposition

An email, by Dustin, was read at his request in his absence. The Council asked for a coordinated response from the Department.

Disability Services Division (DSD): Jeff Sturm, Bureau Chief, Developmental Disabilities Program

Jeff Sturm provided the Council an update on the Developmental Disabilities Program. Jeff reported there has been a huge growth in community services in Montana; institutional spending has seen only slight increases in spending. Jeff noted that those clients needing near total care (high physical needs) have been moved to community settings – out of the Montana Developmental Center (MDC). Unit AB will be closed by the end of March, leaving residential settings of six cottages and Unit 104. It is expected Unit 104 will be closed by November. Jeff expects that the new focus at MDC will be people with real serious and criminal behaviors.

Attached - report

Addictive and Mental Disorders Division (AMDD): Lou Thompson, Bureau Chief, Mental Health Services Bureau, and Deb Matteucci, Behavioral Health Program Facilitator

Deb gave a brief overview on the development and duties of her position, jointly supported by Department of Corrections & Public Health and Human Services, followed by a report on initiatives.

Attached - report

Lou Thompson, Bureau Chief, Mental Health Services Bureau, AMDD

Program Update:

- AMDD submitted an application for HCBS Waiver to Centers for Medicare and Medicaid. CMS has approved Montana's waiver application. Montana's waiver is one of two waivers approved for mental health services in the country. The waiver provides for 105 slots in three regions; based out of Billings, Butte and Great Falls. Each region will serve 35 consumers.
- AMDD will be coordinating services and developing a community team approach with SLTC programs. The teams will consist of a registered nurse and mental health case manager as the foundation.
- Participants must be SDMI qualified and meet nursing home level of care criteria. Waiver excludes individuals for people with dementia, Alzheimer's, etc...
- AMDD will consider request to increase slots during the 2009 Legislative Session.
- Legislative proposals
 - 72 hour presumptive eligibility
 - Request for funding to expand or enhance tele-med system
 - Provide 72 hours of crisis care either in a hospital or in a community crisis facility for uninsured
- Community service development
 - Provide discharge support funding
 - Provide more days of medication on discharge from State Hospital.
 - Development of mentor/peer program. Plan to hire ten part time positions as consumer/client mentors
 - Peer Development including a Leadership Academy and WRAP training for consumers
 - Contract with outside entity for work force recruitment and retention study

Response to CMS Olmstead Elements:

Composition of oversight advisory council

- Mental Health Oversight and Advisory Council (MHOAC) requires consumer representation – 50% members.
- Service Area Authorities (SAA) also require 50% consumer or family member representation on SAA Board.

Discussion Points/Recommendations:

- ◆ Increased need for Crisis Intervention Team (CIT) training for police officers.
- ◆ STEP is for a targeted group of 'persons who have been charged and/or convicted of criminal acts and are, by court order in a criminal proceeding, placed into the custody of either the Department of Corrections or the Department of Public Health and Human Services for examination, treatment, incarceration, or custody.'

- STEP Budget is all under DPHHS which is 3.8 million general fund to serve all 120 patients
 - STEP Retrofit is 5 million for both buildings
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- ◆ Out-of-state placements for children.
 - ◆ Planning process for out-of-state placements – crosses Child and Family Services Division (CFSD) and Health Resources Division (HRD).
 - ◆ How are (KMAs) functioning.
 - ◆ Program funding – related staffing issues.
 - ◆ Initiative to bring contractors' direct care staff up to at least minimum of \$8 per hour or a five (5) percent increase.
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- ◆ SAA participation in Olmstead Planning.
 - ◆ Mental Health services for veterans. All mental health centers have contracts with the Veteran's Administration for services to veterans.
 - ◆ Recovery is program focus for AMDD – MHSB.

Joan Miles, Director, Department of Public Health & Human Services

Joan reported the Governor's Office plans to continue the GDAC past March 2007. She indicated the executive order for the Governor's Disability Advisory Council (GDAC) may have a broader scope. The Governor's office will be accepting applications for members.

Olmstead Planning – CMS Medicaid Elements of a Comprehensive, Working Plan

Bryher Herak, Chair, provided the Council with a framework to proceed: Ensure that all members are educated equally on Olmstead issues and State plans; use CMS Olmstead Elements to review and evaluate State plans; review what information is missing, what do we like or have concerns about in current plans; bring in other stakeholders to get their views/analysis of Olmstead plans; provide recommendations to State and decide on next steps.

Element Number One – Ensure that appropriate stakeholders participate in the development of the plan and follow up.

Current and potential Stakeholders identified by Division:

Addictive and Mental Disorders Division (AMDD)

- Service Area Authority (SAA) – Statutory entities directed to participate in Mental Health planning and service delivery.
- Local Advisory Councils (LAC) – community planning groups to support SAA process.

- Mental Health Oversight and Advisory Council (MHOAC) – statutory council to AMDD.
- Mental Health Association (MHA)
- National Alliance for the Mentally Ill (NAMI)
- Mental Health Centers – four (4) regional entities
- Mental Health Ombudsman – Governor’s Office

Disabilities Services Division (DSD)

- DDP - Family Support Services Council – focuses on children
- Montana Council on Developmental Disabilities (MCDD) – statutory council. Montana’s Council is a not-for-profit entity.
- Montana Association of Community Disability Services (MACDS) – developmental disabilities provider organization.
- Statewide Independent Living Council (SILC) – statutory council with 51% consumer representation.
- Vocational Rehabilitation Advisory Council (VRAC) – statutory council to support VR Program

Health Resources Division (HRD)

- System of Care Committee (SOCS) – statutory committee to develop and coordinate an integrated service support system for children under age 18 who are seriously emotionally disturbed (SED). Committee is consumer represented.
- Kid’s Management Authority (KMA) – local interagency teams to work towards and maintain development of a continuum of care within their respective community, and case planning and coordination for individual youth with SED and their families. KMA’s support the SOCS Committee.
- Lifespan – authority for planning?
- Residential Treatment Centers – SED providers
- Mental Health Centers

Senior Long-Term Care Division (SLTC)

- Traumatic Brain Injury Advisory Council
- Governor’s Advisory Council on Aging (GACA) – Area Agency on Aging (AAA)
- Case Management Team - Local Advisory Boards
- Montana Senior Citizen Organizations
- Independent Living Center – waiver participation by grants
- Brain Injury Association of Montana
- Nursing Homes

Cross Division Stakeholders/Resources

- Consumer/Family members
- Montana Advocacy Program (MAP)

- Independent Living Centers (ILC)
- Law Enforcement
- Montana Association of Counties (MACo)
- Veteran's Association
- Disability Action Alliance of Montana (DAAM)
- Montana Fair Housing
- Home Choice Coalition
- Hospital Associations
- Statewide Suicide Crisis Line
- Public Defenders
- 211 committee
- Office of Public Instruction (OPI) – transition from school to adult services
- Vocational Rehabilitation
- Montana School for Deaf and Blind
- Board of Visitors – Governor's Office
- Parents Let's Unit for Kids (PLUK) – resource agency
- Institutions, hospitals, residential treatment centers
- Veteran's Administration (VA)
- American Association of Retired Persons (AARP)
- NAMI – National Alliance for the Mentally Ill (NAMI)

Discussion Points/Recommendations:

- All Divisions develop and maintain an annual/biannual consumer satisfaction survey process.
- Research Tribal input – stakeholders and leaders, who are they?
- Review process for Listening Tours – Focus Forums. How often initiated, etc.?
 - o DDP - Strategic Planning Across Montana (SPAM) II – last process prior to 2006 was in 2001.
 - o AMDD Community Focus Forums implemented biannually. SAA and LAC participation. Will conduct in 2007 in preparation for Executive Planning Process and 2009 Legislative Session.
 - o Do SLTC Councils or service delivery agencies, such as Governor's Council on Aging and Area Agencies on Aging (AAA) participate in Olmstead planning?
 - o How are current Councils or other stakeholders used in Olmstead planning processes for each Division, i.e. MCDD?

Element Number Two – Take steps to prevent or correct current and future unjustified institutionalization of individuals with disabilities.

Addictive and Mental Disorders Division (AMDD)

- Home and Community Based Service Waiver (HCBS) – new approved CMS waiver.
- Health Insurance Flexibility and Accountability (HIFA) Waiver

- The purpose of the federal waiver is to expand health insurance coverage to the uninsured within currently available Medicaid and State Children's Health Insurance Program (SCHIP) resources.
 - Secure Medicaid funding for additional Medicaid-eligible services for Mental Health Service Plan (MHSP) beneficiaries and others.
- Intensive Community Based Rehabilitation (ICBR) Facility: Intensive group home settings for individuals with prolonged history of institutionalization and attempts for community placement.
- Program of Assertive Community Treatment (PACT) Teams (attachment)
- (STEP) Secure Treatment and Evaluation Program: Coordination between DPHHS and DOC for Forensic Unit (Montana State Hospital)
- Supplemental funding. Funding will assist individuals, who are ready for discharge from the State Hospital, with the costs associated with community transition – EPP general fund.
- Admissions and Discharge Review Team (ADRT)
 - Supported by MSH and MHSB to support communication between community providers, MSH staff, MHSB staff and recipients of services. The ADR Team has consumer representation.
- Community Program Officer (CPO) Positions
 - Located in communities across the state
 - Link and provide support for consumers, families, stakeholders and agencies to state agency.
- First Health Services
 - Provide two adult care coordinators to work with MSH to ensure more successful community placements.
- Preadmission Screening and Resident Review (PASRR) screening contracts with Mental Health Centers – Level 2 screening – determine need for active treatment in community, MSH or Lewistown for those eligible or at risk for nursing home care.
- Mountain Pacific Health Foundation – Level 1 screening contract: For those persons with a mental illness who meet nursing home level of criteria.

Discussion Points/Recommendations:

- PASRR annually – is that realistic? Update: PASRR is not done annually. Mountain Pacific Foundation requests PASRR review.
- Information/Data Requests:
 - Montana State Hospital census/limitations
 - Nursing Homes – Lewistown census
 - How many in MSH and Lewistown are eligible for community based settings – waiting lists. What are the waiting lists for community placement for those in institutions? What happens with those needing services in the community and services are not available, are they diverted to Montana State Hospital? Are adequate community services available?
 - How is mental health professional shortage being addressed?
 - Is census increasing at Montana State Hospital?

- Are we increasing beds at Warm Springs with STEP Program? What does future look like for this program – will it mean increased census at Warm Springs?

Disabilities Services Division (DSD)

- Legislative decision in 2003 to close Eastmont Human Services Center resulted in a significant reduction of persons institutionalized.
- Unit C of Montana Developmental Center (MDC) closed in 2005, close AB by end of March 2007.
- MDC population:
 - Decreased – project will remain below 70 in the future.
 - MDC an intensive habilitation program
- Community Funding Practice – ‘one-in-one out. Practice where money is available to help fund the community placement of a referred and screened MDC resident through a commitment to MDC.
- New amendment filed for Home and Community Medicaid funded services: Plan to file April 2007. Include: Children’s foster care, care giver support (consolidate purchasing services into one category), and self-direct service component (manage own employees for care).
- Personal support planning process being implemented – inclusive of family members.
- MDC help to community provider agencies to prevent admissions to MDC during a crisis situation.
- Crisis Pool of funds for Developmental Disabilities Program (DDP): Three pools – 1. Avert/prevent admissions to MDC; 2. Discretionary funds for crisis intervention (not tied to institutionalization); 3. Fund to stabilize budgets for short-term crisis situations.
- DDP Direct Care Training Conference - 2006
- Community Commitment Law for 2007 legislature – intended for individuals who are in danger to self or others provide for court order treatment in the community vs institutionalization.
- Vocational Rehabilitation and Independent Living Programs were not part of DSD update.

Health Resources Division (HRD)

Discussion Points/Recommendations:

- How many individuals are institutionalized in out-of-state and in-state residential services?
- Are we screening kids (mental health) for placement into Pine Hills?
 - How many are eligible for services – waiting list?
- Does HRD have programs to educate families about services? Do families know how to access programs?

Senior Long-Term Care Division (SLTC)

- Big Sky Bonanza (grant ends September 2007 – How will be memorialized)
Consumer enrollment and service delivery began in July 2006. A no cost extension was provided until September 2007. Rocky Boy declined participation on this grant as a result of not being included in development of grant and during early process.
- Medicaid Home and Community Based Waiver
- Community based programs
- One-Stop Shop – Aging Resource Centers - Billings. New grant funding for a Center in Missoula that will work w/Summit Independent Living Center and Missoula Aging Resource Centers focus on broad based needs.

Discussion Points/Recommendations:

- o Would like Information and Data on waiting lists, nursing home capacity, and utilization stats related to capacity.
- o Collaboration with affected consumer and tribal groups before state grant applications are submitted.
- o Licensing can be a barrier to consumers having most integrated services.
- o Provide Consumer perspective and participation as part of assessment process beyond case management teams (peer information and ILC participation).
Broaden group that does outreach to nursing homes.
- o Establish comprehensive, routine/regularly scheduled process to do outreach and look at how Money Follows the Person process can be standard procedure rather than 'projects' or grants. Waiver slots could be increased if Money Follows the Person process is in place for all program admissions.
- o Aging Services Program is not included in Olmstead Plan – services help keep seniors in community and out of institutions.
- o Support Health insurance appropriations for personal assistants serving Medicaid clients
- o Fund programs adequately to provide benefits and good wages for personal assistants and other staff. Provider rate increases so providers can keep up with cost of doing business.
- o Resource sharing (cross division)
- o Get data on Billings One-Stop Resource Center and how they share access information with greater community.
- o Real Choice Systems Change grant – request info on what training mechanisms are still in place. What goals have seen outcomes and are being sustained.
- o Social workers – stepping individuals down from nursing facilities? (Cary)

Element Number Three – Access to and availability of services (Cross-disability community development – Continuum of care) (Please refer to Element Number Two Also)

Addictive and Mental Disorders Division (AMDD)

- o Six contracts for Community Crisis Response

- Eastern Montana Community Mental Health Center
- Center for Mental Health – Great Falls
- Rocky Mountain Development Council – Helena
- South Central Community Mental Health Center – Billings
- Western Montana Community Mental Health Center – Butte
- Western Montana Community Mental Health Center – Hamilton
- Evidence-based practices across the state
 - Dialectical Behavior Therapy (DBT) Teams
 - Strength-based case management Training
 - Continuing training for providers

Discussion Points/Recommendations:

- ◆ Service gaps for those not covered under Medicaid, considered SDMI and not in imminent danger to self or others.
- ◆ Training and resource development for law enforcement agencies to be able to handle crisis situations more effectively.
- ◆ Crisis Intervention Training for law enforcement expanded state wide.
- ◆ Address access to resources – resource info sharing (cross division issue); how do we accomplish this effort for individuals and other agencies?
- ◆ 211 more direct access to needs through trained personnel. Seven contacts are made prior to getting right resource. 211 could save dollars and provide a one-stop shop for resources to community services. Over 200 different information lines funded by State. Could 211 help coordinate access under Olmstead.
- ◆ Training first responders on access to resources – EMT, Law Enforcement, emergency rooms, urgent care.
- ◆ Expand PACT Teams across the State of Montana
- ◆ Increased funding for Mental Health Services Plan

Disability Services Division (DSD)

- Serve more consumers in the Home and Community Medicaid funded services
- New services to home and community Medicaid funded services
- Community supports of Medicaid funded services
- Reduction of waiting list
- SPAM listening sessions
- Questions
 - Communicate information resources to consumers
 - Legislative Packets from divisions

Health Resources Division (HRD)

- Mental Health Services available to extent providers are available.
- Children's Health Insurance Program (CHIP)
- Therapeutic Foster care
- Group care services

- Targeted Youth Case management services
- Questions
 - Clarification of services – criteria of elements
 - Consumer information

Senior Long-Term Care Division (SLTC)

- One Stop Shop – Billings
- Montana Choice Grant
- Increase wages in direct care staff
- Questions
 - More info on One Stop Shop
 - Access numbers
 - Collaboration between 211 and one stop
 - What is still in place with the MT choice grant

Next Meeting

- Last two elements
- Big Picture issues – Make Recommendations
- Tentative Date of February 15th and 16th

Motion to adjourn. NEISSES/McIntyre Motion passed.

Recommendations Document under: [Recommendations 12-18-06 minutes.doc](#)